

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 04 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 621287 (2)**  
 1. Corporation Name  
**MANOLO CONSTRUCTION COMPANY**



Principal Place of Business <b>2 GROVE ISLE DR., #209</b> <b>COCONUT GROVE FL 33133</b>	Mailing Address <b>2 GROVE ISLE DR., #209</b> <b>COCONUT GROVE FL 33133-4102</b>
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<b>3. Date Incorporated or Qualified</b> <b>05/09/1979</b>	<b>3a. Date of Last Report</b> <b>04/25/1996</b>
<b>4. FEI Number</b> <b>59-1933744</b>	Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

<b>2. Principal Place of Business</b> <b>21</b> State, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	<b>2a. Mailing Address</b> <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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<b>9. Name and Address of Current Registered Agent</b> <b>AGUADO, ISOLINA VELASCO</b> <b>2 GROVE ISLE DR., #209</b> <b>COCONUT GROVE FL 33133</b>	<b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code
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<b>10. Name and Address of New Registered Agent</b>
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<b>12.1</b> TITLE <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> DELETE <b>PSD</b> <b>VELASCO, ISOLINA AGUADO</b> <b>2 GROVE ISLE DR., #209</b> <b>COCONUT GROVE FL 33133</b>	<b>13.1</b> TITLE <b>13.2</b> NAME <b>13.3</b> STREET ADDRESS <b>13.4</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>12.2</b> TITLE <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> DELETE	<b>13.5</b> TITLE <b>13.6</b> NAME <b>13.7</b> STREET ADDRESS <b>13.8</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>12.3</b> TITLE <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> DELETE	<b>13.9</b> TITLE <b>13.10</b> NAME <b>13.11</b> STREET ADDRESS <b>13.12</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>12.4</b> TITLE <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> DELETE	<b>13.13</b> TITLE <b>13.14</b> NAME <b>13.15</b> STREET ADDRESS <b>13.16</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>12.5</b> TITLE <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> DELETE	<b>13.17</b> TITLE <b>13.18</b> NAME <b>13.19</b> STREET ADDRESS <b>13.20</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>12.6</b> TITLE <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> DELETE	<b>13.21</b> TITLE <b>13.22</b> NAME <b>13.23</b> STREET ADDRESS <b>13.24</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: Isolina Aguado (Isolina) 4/10/97  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)